

Medicaid Overview

YES Waiver

A client must be enrolled in an approved Medicaid program to be eligible to participate in the YES Waiver. Even if a client has existing health care coverage through private insurance or another publicly funded health care program, such as the Children's Healthcare Insurance Program (CHIP), they may only participate in the YES Waiver program if they are enrolled in an approved Medicaid program. It is the responsibility of the Local Mental Health Authority (LMHA)/Wraparound Provider Organization (WPO) to verify that the client is enrolled in an approved Medicaid program. A list of approved Medicaid program types can be found at the end of this document.

Medicaid Application Assistance

If a client is not currently enrolled in an approved Medicaid program, the LMHA is allowed to assist the client to apply for Medicaid. To assist a client with the Medicaid application process, the LMHA may submit either of the following forms:

- [H1003, Appointment of Authorized Representative](#)—Completing this form will appoint the LMHA as the authorized representative for the application process including: enrollment, health plan selection, reporting changes, and renewing benefits.
- [H1826, Case Information Release](#)—Completing this form allows HHSC to release information regarding the client's Medicaid case record.

Applying for YES Waiver Medicaid

The client's Legally Authorized Representative (LAR) and/or Medical Consenter is responsible for completing and submitting all applicable Medicaid forms. The LMHA, however, is allowed to assist the LAR with the submission of a Medicaid application.

1. Complete [Form H1200, Form to apply for Medicaid for Elderly and People with Disabilities or Medicare Savings Program \(H1200\)](#)

NOTE: Information submitted on this document should be for the YES Waiver participant only. Parental/guardian income and/or resources should not be listed.

2. Complete [Form H1746-A, MEPD Referral Cover Sheet](#)

NOTE: This form must be downloaded from the HHS website every time a new application is submitted because each document has a unique barcode.

- a. Action—Check the selection that applies. Normally, this will be "Application."
- b. Program—Select the YES Waiver program
- c. Information for MEPD Worker—Complete this section, if applicable
- d. Sender's information— Complete this section, including all information requested on the form. Ensure the "From" line has the worker's name (the one who is sending the form).

- e. Agency—Provide date, LMHA/WPO name, telephone, city, county, and fax number
 - f. Additional Comments—Include the statement “Medical necessity, level of care, and Waiver clinical eligibility have been established for the YES Waiver. This is a children’s mental health waiver and parental income does not apply. Services will begin as soon as financial certification is complete.” Be sure to include the name and contact information of the Wraparound Facilitator who can be available to answer any additional questions.
 - g. If the individual has an authorized representative (as listed on Form H1200) include their name and contact information
3. Gather supplemental documentation

Disability Determination

If a client has never received a disability determination, you must submit additional information to HHSC. A disability determination is required by HHSC even if a client meets the clinical eligibility requirements for YES Waiver services through the assessment process. Required documentation includes:

- a. [Form H3034, Disability Determination Socio-Economic Report](#)
- b. [Form 3035 Medical Information Release/Disability Determination](#)
- c. The most recent 12 months of medical records that document the client’s disability. This can include:
 - i. Documentation of a diagnosis by a licensed professional or physician
 - ii. School records such as an Individualized Education Plan or a 504 Plan
 - iii. Psychological evaluations
 - iv. Hospital discharge summary
 - v. Assessments
 - vi. Clinical and/or medical progress notes
 - vii. Doctor recommendation letters

Financial Verification

If resources have been listed on H1200, include supporting financial documentation such as bank statements dated to the first of the month.

NOTE: Parental resources/income are not considered for Waiver Medicaid and should not be included as resources.

4. Submit Forms H1200, H1746-A, and any supplemental documentation *together* to:

Document Processing Center

Mail: PO Box 149024

Austin, TX 78714-9968

or

Fax: 1-877-236-4123

NOTE: Submitted applications that do not include both forms (H1200 and H1746-A) are less likely to be processed for YES Waiver.

- Form H1746-A must be the first document in the application packet

- Choose only one method of submission for the application. Do not fax *and* mail the application and documents. This will cause a duplication in the system.
- If sending more than one application, fax each application individually with one Form H1746-A per application, or mail applications in a batch using [Form H1746-B, Batch Cover Sheet](#). If mailing in multiple applications using form H1746-B, you must still include H1746-A as the first page for each individual application within the packet.

Application Review

Once the application has been submitted, it will be assigned to a HHSC Medicaid Eligibility Specialist. For individuals who require a disability determination, the processing time frame is 90 days.

There may be times in which the “Delay in Certification” process should be used, including times when the Disability Determination is pending. The Delay in Certification process adds an additional 90 days to the processing time frame.

Medicaid Eligibility Denials

Denials for Medicaid Eligibility may occur for various reasons. Common reasons include:

- Application errors
 - Incorrect information, such as listing the parent’s name on the application instead of the child’s
- Determination based on disability denial
- Failure to respond to requests for missing information in a timely manner
- After certification, client’s LAR fails to submit the recertification packet timely and the client’s benefits are denied due to failure to return recertification packet

Social Security Administration (SSA) Disability Denial

If the client was denied disability benefits by the Social Security Administration (SSA), they are required to wait 12 months or have a “change in condition” to be eligible to reapply for the YES Waiver. A change in condition is defined as a diagnosis that has worsened/deteriorated since presented to the SSA or a newly developed condition and/or diagnosis that was not originally presented to the SSA.

The 12 month waiting period begins the date of the appeal decision and is not the SSA file date. While HHSC allows YES Waiver “Pending” applications in between the SSA file date and the SSA appeal date, an existing disability decision cannot be changed during this time period. A denial of disability decision during this time period will result in the denial of the YES Waiver application. Therefore, the client must wait until after the date of the appeal for formal enrollment in YES Waiver services.

A client who receives a disability denial but is functionally approved for YES Waiver may be able to receive Children’s Medicaid through the Texas Works Program. Eligibility for this program is

determined based on the child's household composition and household income, which includes the LAR's income. [The link provided for Form H1200 includes the link to apply for Texas Works Medicaid "Form to apply for Food Benefits \(SNAP\), Healthcare \(Medicaid and CHIP\), or cash help for families \(TANF\) \(H1010\)."](#)

Medicaid Maintenance

It is the responsibility of the LMHA/WPO to verify that the client maintains their Medicaid eligibility throughout their enrollment year. The LMHA/WPO is allowed to assist the client to maintain their Medicaid eligibility by monitoring the client's Medicaid enrollment coverage dates.

To do this, the LMHA/WPO may wish to:

- Run a Medicaid Eligibility Verification in the CMBHS system once a month. Further guidance can be found in the YES Waiver User Guide.
- Run a "Client List" report in the CMBHS system to identify upcoming Medicaid expiration dates and assist clients in renewing and/or re-enrolling as needed.

Loss of Medicaid Eligibility

Many clients may experience the loss of YES Waiver Medicaid eligibility during their enrollment year. Common reasons for this to occur include:

- Failure to return a recertification packet
- Significant changes to family income in programs that use family income for eligibility determination
- Family enrollment in the Children's Health Insurance Program (CHIP)
- Changes to disability determination/loss of Supplemental Security Income (SSI)

When a client is no longer enrolled in Medicaid, the client must submit a new application. If the client has been enrolled in YES Waiver services, the LMHA/WPO should include comments on the H1746A requesting eligibility for YES Waiver be determined with no gap in coverage. HHSC can only test up to 3 months prior to the current month if financial criteria are also met. If this information is not included in the application, the client's Medicaid coverage start date will automatically be the 1st day of the current month.

Renewing Medicaid Benefits

Clients who are currently enrolled in Medicaid may be receiving their coverage through:

- the Department of Family and Protective Services,
- Social Security Administration (SSA),
- Medicaid for the Elderly and People with Disabilities, or
- Texas Works.

Based on the Medicaid program enrollment type a client is enrolled in, there are different avenues to renew Medicaid Benefits.

Medicaid for the Elderly and People with Disabilities (MEPD)

Renewal packets are mailed to Waiver clients up to 90 days before their review due date

- Creating an account through yourtexasbenefits.com
- Contacting your local office
- Calling 2-1-1

Texas Works

Renewal notices are mailed to clients 60-90 days before their review due date.

- Clients can renew benefits by visiting yourtexasbenefits.com, their local office, or by calling 2-1-1

Department of Family and Protective Services

The Department of Family and Protective Services (DFPS) provides health care coverage for children who are currently in DFPS conservatorship, who have transitioned out of foster care, who have been adopted from DFPS conservatorship, or who are living with licensed kinship families.

Who Can I Contact if I Have Question?

If you have additional questions, please reach out to your YES Waiver Regional Points of Contact:

- Region 1, 2, 9 – Kathy Flores (kathy.flores@hhsc.state.tx.us)
- Region 3 – Doris Glover (doris.glover@hhsc.state.tx.us)
- Region 4 – Gina Chandler (georgina.chandler@hhsc.state.tx.us)
- Region 5 – Adriana Morones (adriana.morones@hhsc.state.tx.us)
- Region 6 – Royletta Gladney-Nichols (royletta.gladney-nichols@hhsc.state.tx.us)
- Region 7 – Marsha Turner (marsha.turner@hhsc.state.tx.us)
- Region 8 – Martina Payne (martina.payne@hhsc.state.tx.us)
- Region 10 – Gabriela Ramirez (gabriela.ramirez@hhsc.state.tx.us)
- Region 11 – Daisy Garcia-Quintanilla (daisy.garcialquintanilla@hhsc.state.tx.us)

To identify your region, visit [Health and Human Services Regions](#)

When contacting your regional point of contact, be sure to include information related to the client's case and language in the "Subject" line of your email such as "YES Waiver Inquiry." Your Regional Point of Contact should respond within 5 business days.

Medicaid Eligibility Type Chart

The following Medicaid types are eligible for the YES Waiver, and do not require a Medicaid application

Eligible YES Waiver Medicaid Program Types		
Program	Code	Description
Medicaid for the Elderly and People with Disabilities (MEPD)	TP 03	ME—Pickle
	TP 12	ME—Temp Manual SSI
	TP 13	ME—SSI
	TA 87	ME—Medicaid Buy In (MBI/MBIC)
	TA 88	ME—Medicaid Buy In—Children
Texas Works (TW)	TP 07	MA—Earnings Transitional
	TP 08	MA—TANF-Level Families
	TP 20	MA—Child Support Transitional
	TP 29	MA—State Time Limit Transitional
	TP 37	MA—EID Transitional
	TP 40	MA—Pregnant Women
	TP 44	MA—Children 6-18
	TP 47	MA—Children denied TANF w/ Applied Income
	TP 48	MA—Children 1-5
	TP 70	Medicaid for the Transitioning Foster Care Youth
Department of Family and Protective Services (DFPS)	TP 88	MA—Non-AFDC Foster Care—JPC
	TP 90	MA—State Foster Care
	TP 91	Adoption Assistance-Federal Match—No Cash
	TP 92	Adoption Assistance-Federal Match—With Cash
	TP 93	Foster Care—Federal Match—No Cash
	TP 94	Foster Care—Federal Match—With Cash
	TA 78-81	PCA—Permanency Care Assistance